

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09783637		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7	1						57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17	1						67				
18	1						68				
19		1					69				
20		1					70				
21	1						71				
22	1						72				
23		1					73				
24		1					74				
25		1					75				
26							76				
27							77				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	19						TOTAL DEP.				
TOTAL CLAIMS	25						TOTAL CLAIMS				